Name in Full: Andrew F. Anderson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Jessup — County:

Date of death 1904 — Month: July — Day: 21 — Age: Years 67 — Months 1 — Days 13

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: — Howard Co

Married, ~~Single~~ or ~~Widowed~~: Yes — Name of Wife or ~~Husband~~:

Father's Name: Joshua Anderson — Father's Birthplace: Md

Mother's Maiden Name: Susan Phelps 93 — Mother's Birthplace: Md

Name of person giving information: A. F. Anderson — How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Croupous Pneumonia — How long: nine days

Immediate: Uraemia — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: R. A. Hammond

Address: Jessup Md.

Accident or Suicide?

LIBRARY BUREAU A6051B

Name in Full: Hannah Baldwin

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Oakland Mills — County: Howard

Date of death 1904 — Month: 2 — Day: 29

Age — Years: 62 — Months: 8 — Days: 12

Sex: Female — Color or Race: White — Birthplace: Md

Occupation: Retired — Where Residing if not at place of death: her home

Married, Single or Widowed: widow — Name of Wife or Husband: Joseph J. Baldwin

Father's Name: Joshua Gorsuch — Father's Birthplace: Md

Mother's Maiden Name: Priscilla ____ — Mother's Birthplace: Md

Name of person giving information: Alice Baldwin — How related to deceased: Daughter-in-law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long: 2 year

Immediate: Heart failure — How long: 20 min.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Smithmeyer M. D

Address: Savage Md

Accident or Suicide? neither

LIBRARY BUREAU A3813

Name in Full: Charles Crook

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Elkhorn — County: Howard

Date of death: 1904 — Month: 2 — Day: 25

Age — Years: 75 — Months: 8 — Days: 6

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Farmer — Where Residing if not at place of death: Elkhorn

Married, Single or Widowed: married — Name of Wife or Husband: Charlotte Gardiner Crook

Father's Name: Charles Crook — Father's Birthplace: Md

Mother's Maiden Name: Sarah A. Brown — Mother's Birthplace: Pa.

Name of person giving information: Charlotte Crook — How related to deceased: wife

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age — How long: 2 yrs

Immediate: La Grippe — How long: 2 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Linthicum M.D.

Address: Attnd. Phys Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU

Name in Full: John W. Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lisbon, — County: Howard

Date of death 1904 — Month: Feb. — Day: 27 — Years: Age 76 — Months: 11 — Days:

Sex: Male. — Color or Race: White. — Birthplace: Maryland

Married, Single or Widowed: Single. — Occupation: General Laborer

Name of Wife or Husband:

Father's Name: Joshua D. Fisher — Father's Birthplace: Maryland

Mother's Maiden Name: [illegible] — Mother's Birthplace: Maryland

Name of person giving information: John C. Fisher — How related to deceased: Nephew

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia. — How long: About 10 days.

Immediate: Asthenia — How long: 2 days.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: J. W. Lacy.

Address: Lisbon

Accident or Suicide? No.

Md.

LIBRARY BUREAU A68816

Name in Full: Joshua Fisher

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Lisbon. County: Howard

Date of death 1904 — Month: Feby. Day: 19 — Age: Years 77 Months 6 Days

Sex: Male. Color or Race: White. Birthplace: Maryland.

Married, Single or Widowed: Married. Occupation: Carpenter.

Name of Wife or Husband: Eliza Elizabeth Fisher

Father's Name: John Fisher. Father's Birthplace: Maryland.

Mother's Maiden Name: Mary Warfield. Mother's Birthplace: Maryland.

Name of person giving In formation: Eliza Elizabeth Fisher. How related to deceased: Widow.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Grip. How long: 5 days.

Immediate: Heart disease. How long: 1 day.

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Dont know about age. Others correct.

Accident or Suicide? no.

Signature of Physician: J. W. Lacy.

Address: Lisbon. Maryland.

LIBRARY BUREAU A88518

Name in Full: Katharine Gordon

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Dayton — County: Howard

Date of death 1904 — Month: Feb. — Day: 13 — Age — Years: 42 — Months: — — Days: —

Sex: Female — Color or Race: Caucacian — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: Housewife

Name of Wife or Husband: Harry Gordon

Father's Name: [illegible] — Father's Birthplace: Maryland

Mother's Maiden Name: Jane Wilson — Mother's Birthplace: Maryland

Name of person giving In formation: Harry Gordon husband — How related to deceased: None

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Heart & Kidney Disease — How long: 3 years

Immediate: Dropsy — How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: L. A. Nichols

Address: Dayton Md

Accident or Suicide?

LIBRARY BUREAU A38516

Name in Full: Maria Green

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott City — County: Howard

Date of death 1904: Month: Feb — Day: 20

Age: Years: 65 — Months: — — Days: — —

Sex: Female — Color or Race: Colored — Birthplace: Maryland

Married, Single or Widowed: Married — Occupation: House keeper

Name of Wife or Husband: Daniel Green

Father's Name: Daniel Nelson — Father's Birthplace: Maryland

Mother's Maiden Name: Sallie Williams — Mother's Birthplace: "

Name of person giving information: Husband — How related to deceased:

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Heart Disease — How long: Some years

Immediate: Cerebral Hemorrhage — How long: 3 4 Hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. J. Byrne

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A89519

Name in Full: Charles R. Griffith

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: near Dissupt County: Howard

Date of death: Month: Febry Day: 21st Year: 1904 Age: Years: 74 Months: 11 Days: 5

Sex: Male Color or Race: white Birthplace: Md.

Occupation: Farmer Where Residing if not at place of death: ———

Married, Single or Widowed: married Name of Wife or Husband: Lydia Ferguson

Father's Name: Rev. Richard Griffith Father's Birthplace: Md.

Mother's Maiden Name: Maria Isaac Mother's Birthplace: Md.

Name of person giving information: Lydia Griffith How related to deceased: wife

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Infirmities of Age How long: 8 mos

Immediate: Exhaustion How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. H. Linthicum M.D

Address: Sab. registrar

Accident or Suicide? Neither

LIBRARY BUREAU A88516

Name in Full: Elizabeth Ann Grimes

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Warwick Farm — County: Howard.

Date of death: Month: Feb. — Day: 7 — 1904 — Age: Years: 39 — Months: 10 — Days: —

Sex: Female — Color or Race: White — Birthplace: Md.

Occupation: Seamstress — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Darias Grimes — Father's Birthplace: Md.

Mother's Maiden Name: Eliza Ann Davis — Mother's Birthplace: Md.

Name of person giving In formation: Louisa Grimes — How related to deceased: Sister

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Paralysis — How long: Since Nov 18 1903

Immediate: Continued decline — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: William E. Hodges

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Frances Hinie

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Ellicott city — County: Howard

Date of death: Month: 2 — Day: 11 — 1904

Age: Years: 52 — Months: 2 — Days:

Sex: male — Color or Race: White — Birthplace: Baltimore City

Occupation: Agent — Where Residing if not at place of death: Ellicott city

Married, Single or Widowed: Married — Name of Wife or Husband: Mary A. Fork

Father's Name: Bernard Hinie — Father's Birthplace: Germany

Mother's Maiden Name: Mary Hinie — Mother's Birthplace: Germany

Name of person giving Information: Dr H B Owings — How related to deceased: Physician

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cancer of Liver — How long: —

Immediate: Exhaustion — How long: 2 weeks

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr H B Owings

Address: Ellicott City Md

Accident or Suicide?

LIBRARY BUREAU A65316

Name in Full: Mary Abbie Hutchens

CERTIFICATE OF DEATH

MARYLAND

Died in — Town: Near Lewisville — County: Howard

Date of death: Month: February — Day: Sixth — 1904 — Age: Years: Forty Nine — Months — Days

Sex: Female — Color or Race: White — Birthplace: Baltimore City

Occupation: House wife — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of ~~Wife~~ or Husband: William T. Hutchins

Father's Name: Nathan Webb — Father's Birthplace: Balt. City

Mother's Maiden Name: Martha Burbank — Mother's Birthplace: Portland Maine

Name of person giving Imformation: Miss Sophia Webb — How related to deceased: Sister

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: [illegible] 20

How long:

Immediate: Brights Disease — How long: 3 years

Are the name, age, sex, color, date and place correctly given above? Yes, as — Signature of Physician: R. O. Warfield

given by Sister.

Address: Lisbon, Md.

Accident or Suicide?

LIBRARY BUREAU A88516

Name in Full: Joseph Isaacs

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Ridge; County: Howard

Date of death: Month: Febry; Day: 27; Years: 69; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Maryland

Occupation: ; Where Residing if not at place of death: Elk Ridge, Md.

Married, Single or Widowed: Married; Name of Wife or Husband: Sarah Lucy Isaacs

Father's Name: Josephus Isaacs; Father's Birthplace: Md.

Mother's Maiden Name: Patience Isaacs; Mother's Birthplace: Md.

Name of person giving Imformation: Bertha P. Isaacs; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Broncho Pneumonia; How long: 6 wks.

Immediate: Pulmonary Tuberculosis; How long: 2 year

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earickson

Address: [redacted]

Accident or Suicide?

LIBRARY BUREAU A8881G

Name in Full: Nathan Joffe

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Elk Ridge — County: Howard

Date of death: Month: Feb — Day: 12 — Year: 1904 — Age: Years: 1 — Months: 5 — Days:

Sex: Male — Color or Race: White — Birthplace: Maryland

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband:

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Max Joffe — Father's Birthplace: Russia

Mother's Maiden Name: Ida Fisher — Mother's Birthplace: Russia

Name of person giving Information: Max Joffe — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Spinal disease — How long: 12 months

Immediate: some — — How long: some

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Arthur Williams

Address: Elk Ridge Howard Co Md

Accident or Suicide? neither

LIBRARY BUREAU A66516

Name in Full

Certificate of Death

Mrs Susan. O. Keyes

Town

Died at Bethany

County

Howard

MARYLAND

Date 19	Month	Day	Age Y.	M.	D.	Native of	Occupation
04	2	23	84			Md.	Home Keeper

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~ Widow ~~Widower~~

~~Divorced~~

Number of children living 3

Husband ~~Wife~~ of Benjman L Keyes

Father's Name Francis Dorsey

Mother's Maiden Name Mary Waters

Cause of Death: Primary old age

Immediate La Grippe

How long sick 2 weeks

~~Accident, Suicide, Homicide~~

Reported by Mrs Bonny

Address Ellicott City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 79898

Name in Full: Grace Fenton Nelson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: St Johns Ellicott City; County: Howard

Date of death: Month: Feb. Day: 22 1904

Age: Years: 65 Months: — Days: —

Sex: Female

Color or Race: White

Birthplace: Virginia

Occupation:

Where Residing if not at place of death: —

Married, Single or Widowed: Widow

Name of Wife or Husband: Rev. Kinloch Nelson

Father's Name: John P McGuire

Father's Birthplace: Va.

Mother's Maiden Name: Maria M McGuire

Mother's Birthplace: —

Name of person giving information: Rev Edw. T Helfenstein

How related to deceased: Son in law

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: La Grippe — How long: 10 Days

Immediate: Heart failure — How long: Sudden

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: Thos Bonsal

Address: Ellicott City

Accident or ~~Suicide~~?

LIBRARY BUREAU A66518

Name in Full: Joseph Nickson

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Elkridge — County: Howard

Date of death 1904 — Month: 2 — Day: 3

Age — Years: 11 — Months: 11 — Days: 7

Sex: Mail — Color or Race: Colord — Birthplace: Elkridge

Married, Single or Widowed — Occupation

Name of Wife or Husband

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TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Moses Nickson — Father's Birthplace: Md

Mother's Meiden Name: Rachel Clark — Mother's Birthplace: Md

Name of person giving In formation: James Grant — How related to deceased: none

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primery: Hemrage — How long: 1 hour

Immediete — How long

Are the name, age, sex, color, date end place correctly given above? yes — Signature of Physician: Dr H Tregon

Address: Elkridge Md

Accident or Suicide?

LIBRARY BUREAU A83518

Name in Full: Michael O'Neill

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Guilford — County: Howard

Date of death 1904 — Month: Feby — Day: 15 — Age — Years: 53 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md

Occupation: Contractor + Farmer — Where Residing if not at place of death:

Married, Single or Widowed: Married — Name of Wife or Husband: Mary O'Neill

Father's Name: Thos. O'Neill — Father's Birthplace: Ireland

Mother's Maiden Name: Bridget Delany — Mother's Birthplace: Ireland

Name of person giving Information: Frank Barnett — How related to deceased: Nephew

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Nephritis — How long: 1 year

Immediate: Edema of Lungs — How long: 1 week

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Smithson M.D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A88316

Name in Full

Certificate of Death

Henry J Otten

Died at in Town Howard Co County MARYLAND

Date 1904 Month Feb Day 11" Y. Age 60 M. — D. Native of Maryland Occupation Farmer

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ Widower Number of children living five

Husband of

Wife

Father's Name

Mother's Name 81

Cause of Death { Primary arterial sehlerosis of cerebral arteries How long sick four days

Immediate Paralysis ~~Accident, Suicide, Homicide~~

Reported by Arthur Williams M.D

Address Elk Ridge Howard Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full — Certificate of Death

Jane Shipley - Nee Dougherty -

Died at Town: West Friendship — County: Howard — MARYLAND

Date 1904 — Month: Feb. — Day: 16 — Age: Y. 71 - M. — D. — — Native of: Ireland — Occupation: Housewife

~~Male~~ Female — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ Widower — ~~Divorced~~ — Number of children living: 4

Husband / Wife of: Milton Welsh Shipley

Father's Name: — — — Mother's Maiden Name: — — —

Cause of Death — Primary: Grippe — How long sick: 15 days -

Immediate: Broncho Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by: Hawkins & Son

Address: West Friendship Howard Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79899

Name in Full: Emilon Lemuel Short

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Savage — County: Howard

Date of death 1906 — Month: Nov — Day: 25th

Age — Years: — Months: 7 — Days: 2

Sex: male — Color or Race: white — Birthplace: Md

Occupation: Infant — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Garfield Short — Father's Birthplace: Md

Mother's Maiden Name: Lizzie Miller — Mother's Birthplace: Va

Name of person giving information: Wm M. Short — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Laryngitis — How long: 2 mos

Immediate: Meningitis — How long: 4 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Leon Trimmer M.D

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A66816

Name in Full: Adella May Silbereisen

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Elk Ridge — County: Howard

Date of death 1904 — Month: Feb. — Day: 20 — Age: Years 31 — Months 8 — Days —

Sex: Female — Color or Race: White — Birthplace: Maryland

Occupation: Housewife — Where Residing if not at place of death: Elk Ridge Md

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Louis Silbereisen

Father's Name: John Crooks — Father's Birthplace: Maryland

Mother's Maiden Name: Emma Frances Boyd — Mother's Birthplace: Maryland

Name of person giving Imformation: Louis Silbereisen — How related to deceased: Husband

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Acute Pul. Tuberculosis (Catarrhal) — How long: 2 year

Immediate: Inanition, Exhaustion — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Wm. R. Earleckson

Address: Elk Ridge, Md.

~~Accident or Suicide?~~

LIBRARY BUREAU A83D16

Name in Full

Certificate of Death

Sallie Smith

Town

Died at Oakland Mills

County

Howard.

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Feb.	7	50			md.	

Date 1904

Age

~~Male~~ Female

~~White~~ Colored

Married ~~Single~~

Widow Widower

Divorced

Number of children living 7

Husband of Wife William Smith

Father's Name Isaac Holland

Mother's Maiden Name Nellie Holland

Cause of Death: Primary Indigestion. 104

How long sick 1 day.

Immediate

Accident, Suicide, Homicide

Reported by William Smith

Address Oakland Mills Howard Co.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 708-3

Name in Full: Sallie Smith

CERTIFICATE OF DEATH

MARYLAND

Died at: her home — Town — County: Howard

Date of death 1904: Month: 2 — Day: 7 — Age: Years: 50 — Months — Days

Sex: female — Color or Race: Negro — Birthplace: Md

Occupation: Domestic — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife or Husband: Wm Smith

Father's Name: Isaac Holland — Father's Birthplace: Md

Mother's Maiden Name: Ellen Borki — Mother's Birthplace: Md

Name of person giving Information: Mrs. Bruce — How related to deceased: friend

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TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Chronic Indigestion — How long: Several years

Immediate: Apoplexy — How long: 3 hrs

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. Hartshorn M.D.

Address: Savage Md

Accident or Suicide? Neither

LIBRARY BUREAU A66618

Name in Full

Certificate of Death

Dr Evan. N. Warfield

Died at Town: Ellicott City County: Howard Co MARYLAND

Date 1907 Month: February Day: 17 | Age Y. 79 M. D. | Native of Howard Co | Occupation Physician

Male / ~~Female~~ | White / Colored | Married / ~~Single~~ | Widow / Widower | ~~Divorced~~ | Number of children living five

Husband of Wife: Dr Evan. N. Warfield & Julia A. Freshour

Father's Name: Dr Benjamin Warfield | Mother's Maiden Name: Mary Thomas

Cause of Death — Primary: Chronic Interstitial Nephritis | How long sick: four months

Immediate: Failure of vital forces | ~~Accident, Suicide, Homicide~~

Reported by: Dr J. Walter Sims. 120

Address: Ellicott City Howard Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898